

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carchio Joseph J.

1. Office, Agency, or Court

Agency Name

City of Huntington Beach

Division, Board, Department, District, if applicable

City Council

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of City of Huntington Beach

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

The period covered is through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 31, 2011
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Joseph J. Carchio

► NAME OF SOURCE

Huntington Beach Police Officers Association

ADDRESS (Business Address Acceptable)

2000 Main Street, Huntington Beach, CA 92648

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Employee Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 10	\$ 100.00	Tickets to Christmas
/ /	\$	Dinner
/ /	\$	

► NAME OF SOURCE

Huntington Beach Firefighters Association

ADDRESS (Business Address Acceptable)

2000 Main St., Huntington Beach, CA 92648

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Employee Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / / 10	\$ 125.00	Charity Event - Golf
/ /	\$	Tournament
/ /	\$	

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

7333 Bolsa Ave., Westminster, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Energy Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / / 10	\$ 300.00	Angel Baseball Game
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Rainbow Disposal

ADDRESS (Business Address Acceptable)

17121 Nichols St., Huntington Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Refuse Collection

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / / 10	\$ 100.00	Charity Fundraiser
/ /	\$	for Autistic Children
/ /	\$	

► NAME OF SOURCE

Huntington Beach Restaurant Association

ADDRESS (Business Address Acceptable)

217 Main St., Huntington Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Food Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / / 10	\$ 60.00	Tickets to Taste of
/ /	\$	Huntington Beach
/ /	\$	

► NAME OF SOURCE

Lions Club of Huntington Beach

ADDRESS (Business Address Acceptable)

Beach Blvd., Huntington Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Charitable Organization (502C3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / / 10	\$ 40.00	Tickets to Annual
/ /	\$	Fundraiser
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Joseph J. Carchio
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► NAME OF SOURCE

Horizon Pregnancy Center

ADDRESS (Business Address Acceptable)

15061 Springdale St., Huntington Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

(5013C) - Pregnancy Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 29 / 10	\$ 75.00	Fundraiser Dinner
	\$	(5013C)
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____